BY ORDER OF THE SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 46-102

1 JULY 1995

Nursing

NURSING CARE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: HQ USAF/SGN
(Maj Victoria G. Zamarripa)
Supersedes AFI 46-102, 25 July 1994.

Certified by: HQ USAF/SGN
(Brig Gen Sue E. Turner)
Pages: 14
Distribution: F

This instruction implements Air Force Policy Directive (AFPD) 46-1, *Nursing Services*. It gives responsibilities and directs nursing care in medical treatment facilities (MTF). It describes how to provide nursing care and explains the nursing process. It lists titles and uses of important forms for United States Air Force (USAF) nursing. Read this instruction with Air Force Instructions (AFI) 46-101, *Nursing Operations*, and 41-210, *Patient Administration Functions*, the current edition of the *Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals, JCAHO Accreditation Manual for Ambulatory Health Care, JCAHO Accreditation Manual for Mental Health, Chemical Dependency and Mental Retardation/Developmental Disabilities Services*, and other published JCAHO standards as appropriate, the published standards of the *American Nurses Association* for nursing services, practice, and care, and published standards of other national professional nursing organizations as appropriate. The instruction applies to all Air Force medical units, Air Reserve components and Air National Guard components where nursing care activities are performed. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication,** through channels to HQ USAF/SGN, 170 Luke Avenue, Suite 400, Bolling AFB DC 20332-5113.

SUMMARY OF REVISIONS

This revision includes eight new Air Force forms to document and streamline essential patient information. It emphasizes flexibility to best fit users' needs. A (/) indicates revisions from the previous edition.

Section A—Responsibilities

1. Accountability for Nursing Care:

1.1. Nurse Executive (NE). Is accountable and responsible for managing nursing practice, including establishing local policies and standards to provide nursing care in the MTF.

1.2. Nurse Managers.

- Manage nursing practice and provide nursing care in the unit, clinic, or other settings.
- Are accountable to the NE for the practice of nursing in their area.
- Define the mix and number of personnel needed for the provision of patient care specific to their areas. As appropriate, collaborate with other health care disciplines to develop the staffing plan.
- Make duty schedules that reflect the staffing plan.
- Ensure that personnel are oriented, trained, scheduled, and available for duty.
- May designate a charge nurse to help with the 24-hour management of the nursing unit.

1.3. Clinical Nurses. Within the USAF, the practice of nursing by a registered professional nurse means assuming responsibility and accountability for these and other nursing actions:

- Diagnosing and treating human responses to actual or potential health conditions.
- Providing health care services in collaboration with other health service personnel, including carrying out diagnostic and therapeutic regimens prescribed by duly licensed practitioners authorized to order such regimens.
- Teaching health care practices.
- Making a nursing diagnosis that identifies the needs of an individual, family, or group.
- Administering a nursing treatment regimen through the selection, performance, and management of proper nursing practices.
- Administering, supervising, delegating, and evaluating nursing actions.

1.4. Medical Technicians. When medical technicians (to include the specialties) assist in providing nursing care, they assume responsibility for performing the tasks outlined in the Specialty Training Standard (STS) under the direction of a registered nurse or privileged provider.

Section B—Patient Classification/Identification of Staffing Needs

2. Using the Patient Classification System: Workload Management System for Nursing (WMSN):

2.1. The approved patient classification system is the WMSN. It captures nursing workload based on patient acuity and provides guidelines within the MTF for effective and efficient allocation of nursing personnel, both professional and paraprofessional.

2.2. You can find guidelines for using the WMSN and its forms in the *Reference Manual, WMSN*, published June 15, 1989 by the Joint Manpower Office, Office of the Assistant Secretary of Defense.

2.3. Forms for the WMSN are:

- DD Form 2551, **WMSN - General Worksheet.**
- DD Form 2552, **WMSN - Psychiatric Worksheet.**
- AF Form 1592, **Daily Summary Sheet (8 or 12-Hour Shift).**
- AF Form 1594, **Patient Classification Inter-Rater Reliability Testing Instrument.**
- AF Form 3863, **WMSN Monthly Report (8 or 12-Hour Shift).**

2.4. The NE collaborates with nurse managers and clinical management teams to manage staffing variances from the identified staffing needs.

3. Alternative Systems: Alternative systems for patient classification may be used with Air Staff approval. Such systems must categorize patients similarly to the WMSN, so the data fits into the Joint Manpower Standards.

Section C—Definition, Standards and Documentation of Nursing Care

4. Definition: Definitions of nursing care are based on performing the entire nursing process. A MTF develops its definition of nursing care by considering:

- The applicable state nurse practice act.
- Department of Defense (DoD) guidelines.
- Air Force policy directives and instructions.
- The MTF and nursing mission and philosophy.
- The standards of professional nursing organizations.

5. Standards for Nursing Care:

5.1. Use *The Lippincott Manual of Nursing Practice,* 4th Edition (or later edition) as the basic reference for performing nursing care procedures.

5.1.1. Based on the scope of patient care services offered and identified patient care needs, the MTF decides and identifies local deviations from Lippincott and other standards for nursing care to use.

5.1.2. **Attachment 2** lists the more common standards of nursing practice published by national professional nursing organizations that the MTF may consider.

5.2. The NE ensures local guidelines include procedures for notifying providers about admissions and significant changes in patient conditions and outline nurses' alternatives for obtaining guidance and assistance.

5.3. Local policies and procedures must specify how and within what time frame nurses must implement the nursing process and document their actions.

5.3.1. Registered nurses must assess and reassess each patient using locally determined criteria to determine what nursing care the patient needs. The criteria must specify the timing and activities of patient assessments. At a minimum, nurses determine patient needs based on the patient's:

- Physical, psychological, and social status.
- Changes in condition or diagnosis.
- Response to treatment.
- Teaching and discharge planning needs.

5.3.2. When the patient is readmitted within 30 days for the same condition, reference the admission forms (AF Forms 3241, **Adult Admission Note**; 3244, **Pediatric Admission Note;** and 3247, **Neonatal Admission Note**) from the previous admission. Local policies should describe procedures for documenting reassessment of the patient.

6. Documenting Nursing Care:

6.1. Documentation. Nursing care is documented wherever it occurs.

6.2. Using Outcome Oriented Nursing Documentation System (OONDS).

6.2.1. The approved documentation system is OONDS.

6.2.2. OONDS uses many forms and sets of forms to document the nursing process.

6.2.2.1. **Attachment 3** lists the forms available for use with OONDS (AF Forms 3241 through 3260) and provides basic instructions for using the forms. The forms may be used in any practice setting.

6.2.2.2. Standard Form (SF) Form 509, Medical Record-Progress Notes, replaces AF Form 3255, Nursing Progress Note, of the OONDS series of forms.

6.2.3. MTFs determine the best way to use the OONDS forms to document patient care within their specific facilities.

6.2.4. Where Problem Oriented Medical Record System (POMR) is in effect, all health care providers document patient care on the SF 509 and use the SOAP (subjective, objective, assessment, plan) format.

6.3. Other Nursing Documentation Systems. You may implement another nursing documentation system, such as critical pathways, after the MTF and MAJCOM review and approve the system. Any such alternative system must meet the intent of this AFI and JCAHO guidelines and use existing or commercial forms approved by your MTF's committee/function responsible for medical records.

7. Managing Patients' Health Records:

7.1. All health care professionals and paraprofessionals are responsible for documenting health record entries that reflect their professional judgment and action.

7.2. Make all entries legibly in reproducible black or blue-black ink.

7.2.1. All forms become a permanent part of the patient's health record and must be completed in ink. AF Form 3259, **Work Activity Sheet,** is an exception and does not become a part of the permanent record.

7.2.2. Do not duplicate information from one form onto another form.

7.2.3. Correct errors by lining through the incorrect entry, initialing above the entry, entering the correct information below the line, and annotating the actual date the entry or correction was made. Don't leave lines between entries. (See AFI 41-210, attachment 4, *Correcting Health Records*.)

7.3. With the approval of your MTF's committee/function responsible for medical records, you may overprint any form listed in **Attachment 3** or **Attachment 4**. Overprints are authorized only when the material added is consistent with the intended purpose of the form and must comply with procedures in AFI 37-160V8, *The Air Force Publications and Forms Management Program - Developing and Processing Forms*.

7.4. If you need additional or substitute forms to better serve your local population, get approval to develop and test the new forms from your Major Command (MAJCOM). MAJCOMs will coordinate such approvals with HQ USAF/SGN. Record the approval for overprints and new forms in the minutes of your MTF's committee/function responsible for medical records.

7.5. Forms Used in Patients' Health Records. **Attachment 4** of this instruction lists patients' health records forms and their uses.

7.5.1. See AFI 41-210, attachment 12, Contents of Inpatient Records, for further information on using these forms and paragraph 2.4.2, Reviewing Health Records, for authority to overprint forms.

8. Forms Prescribed:

8.1. WMSN Forms.

- AF Form 1592, **Daily Summary Sheet**.
- AF Form 1594, **Patient Classification Inter-Rater Reliability Testing Instrument.**
- AF Form 3863, **WMSN Monthly Report** (8 or 12-Hour Shift).
- DD Form 2251, **WMSN - General Worksheet**.
- DD Form 2252, **WMSN - Psychiatric Worksheet**.

8.2. OONDS Forms.

- AF Form 3241, **Adult Admission Note**.
- AF Form 3242, **Adult Patient Care Plan**.
- AF Form 3243A, **Adult Patient Care Plan - Additional Problems - A**.
- AF Form 3243B, **Adult Patient Care Plan - Additional Problems - B**.
- AF Form 3243C, **Adult Patient Care Plan - Additional Problems - C**.
- AF Form 3244, **Pediatric Admission Note**.
- AF Form 3245, **Pediatric Patient Care Plan**.
- AF Form 3246A, **Pediatric Patient Care Plan - Additional Problems - A**.
- AF Form 3246B, **Pediatric Patient Care Plan - Additional Problems - B**.
- AF Form 3246C, **Pediatric Patient Care Plan - Additional Problems - C**.
- AF Form 3246D, **Pediatric Patient Care Plan - Additional Problems - D**.
- AF Form 3246E, **Pediatric Patient Care Plan - Additional Problems - E**.
- AF Form 3247, **Neonatal Admission Note**.
- AF Form 3248, **Neonatal Patient Care Plan**.
- AF Form 3249A, **Neonatal Patient Care Plan - Additional Problems - A**.
- AF Form 3250, **Obstetric Patient Care Plan**.
- AF Form 3251A, **Obstetric Patient Care Plan - Additional Problems - A**.
- AF Form 3252, **Mental Health Patient Care Plan**.
- AF Form 3253A, **Mental Health Patient Care Plan - Additional Problems - A**.
- AF Form 3254, **_____ Patient Care Plan**.
- AF Form 3256, **Patient/Family Teaching Flow Sheet**.
- AF Form 3257, **ADL/Treatment Flow Sheet**.
- AF Form 3258, **Generic Flow Sheet**.

- AF Form 3259, **Work Activity Sheet**.
- AF Form 3260, **Discharge/Transport Summary**.

9. Clinical Flowsheets Forms. The following clinical flowsheets are encouraged to be used when documenting patient care. It is intended to facilitate tracking and trending of patient information. Basic instructions for using the forms are provided.

9.1. For AF Forms 3909 and 3910, the forms are customized for large MTFs (Medical Center) and small MTFs to best fit their needs.

9.2. For AF Form 3914, the flowsheet is a four page form. Holes may be punched at the top for top loading charts. By refolding the form, the Intake and Output or frequent vital signs can be on the top for easy visualization. Data input is for a 24 hour period.

9.3. AF Form 3915 will replace the Labor and Delivery Record, vital sign, intake and output, and medication sheets. Key elements include a labor flowsheet with data input for a 24 hour period. The reverse side of the flowsheet is the delivery record with a place for the registered nurse to document nurse presence in the delivery room. This form can be used at any size MTF.

9.4. AF Form 3916 is initiated by staff for Level 1 infants following transition resolution. At the time of the initial entry, the previous unused time lines are crossed off and initialed by staff. Each side of the flowsheet accounts for a 24 hour period. Time blocks are blank so that each unit can write in hours according to their duty schedules. The flowsheet is arranged with hourly times instead of day shift, evening shift, and night shifts in order to make it more flexible for use. Initial assessment includes vital signs and a head to toe assessment to be done at least every eight hours. Use of codes listed at the bottom of the form is encouraged. Codes other than those listed are entered under "Additional Codes." Infants' color, activity, location, and care monitoring are assessed and documented every four hours. The additional empty column is for monitoring any other nursing care such as maintenance of a heparin lock. Staff initial all entries and place their signature and initials at the bottom of the page.

- AF Form 3909, **Critical Care FlowSheet (Large MTF)**
- AF Form 3910, **Critical Care Flow Sheet (Small MTF)**
- AF Form 3911, **Close Observation/Suicide Precaution Record**
- AF Form 3912, **Generic Mental Health Nursing Flow Sheet**
- AF Form 3913, **Restraint-Seclusion Record**
- AF Form 3914, **Medical-Surgical FlowSheet**
- AF Form 3915, **Labor And Delivery FlowSheet**
- AF Form 3916, **Newborn FlowSheet**

EDGAR R. ANDERSON, JR., Lt General, USAF, MC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, AND ACRONYMS

References

AFPD 46-1, *Nursing Services*

AFI 37-160V8, *The Air Force Publications and Forms Management Program - Developing and Processing Forms*.

AFI 41-210, *Patient Administration Functions*

AFI 46-101, *Nursing Operations*

American Nurses Association , *current published standards,* ANA Publications, Waldorf, Maryland

JCAHO Accreditation Manual for Hospitals, current edition, JCAHO, Chicago, Illinois.

The Lippincott Manual of Nursing Practice, 4th Edition, 1986 (or later), J.B. Lippincott Company, Philadelphia, Pennsylvania.

Reference Manual, WMSN, June 15, 1989, Joint Manpower Office, Office of the Assistant Secretary of Defense.

Abbreviations and Acronyms

AACN—American Association of Critical Care Nurses

ADL—Activities of Daily Living

AFI—Air Force Instruction

AFPD—Air Force Policy Directive

AFR—Air Force Regulation

AWHONN—Association of Women's Health, Obstetric, and Neonatal Nurses

HQ USAF—Headquarters United States Air Force

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

MAJCOM—Major Command

MTF—Military Treatment Facility

NAACOG—Organization for Obstetric, Gynecologic, and Neonatal Nurses

NE—Nurse Executive

OONDS—Outcome Oriented Nursing Documentation System

POMR—Problem Oriented Medical Record

PRN—*Pro Re Nata*, As Needed

SG—Surgeon General

SGN—Nursing Services

SOAP—Subjective, Objective, Assessment, Plan

STS—Specialty Training Standard

USAF—United States Air Force

WMSN—Workload Management System for Nursing

Attachment 2

NURSING CARE REFERENCES

NOTE:

Most national professional specialty nursing organizations have published standards of practice relevant to their specialty. The following list identifies some of the more common organizations and their standards and is not meant to limit the MTF's choice.

"Ambulatory Care Nursing Administration and Practice Standards," American Academy of Ambulatory Nursing Administration, N. Woodbury Rd., Box 56, Pitman, NJ 08071.

American Association of Critical Care Nurses (AACN) Procedure Manual for Critical Care, latest edition, AACN, 101 Columbia, Alisio Viejo, CA 92656-1458

American Association of Nurse Anesthetists, 222 S. Prospect Ave., Park Ridge, IL 60068-4001.

American College of Nurse Midwives, 818 Connecticut Ave, Suite 900, Washington, DC 20006.

American Society of Post Anesthesia Nurses, 11512 Allecingie Pkwy., Richmond, VA 23235.

Association of Operating Room Nurses, 2170 S. Parker, Denver, CO 80231.

Association for Practitioners in Infection Control, 1202 Allanson Rd.,Mundelein, IL 60060.

Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN): NAACOG Standards for the Nursing Care of Women and Newborns, latest edition (revised every 5 years), Fulfillment Department of AWHONN, 409 12th St., SW Washington DC 20024.

Emergency Nurses Association, 230 East Ohio, Suite 600, Chicago, IL 60611.

The Lippincott Manual of Nursing Practice, 4th Edition, 1986, (or later editions) J.B. Lippincott Company, Philadelphia, Pennsylvania.

National Association of Pediatric Nurse Associates and Practitioners, 1101 Kings Hwy. North, Suite 206, Cherry Hill, NJ 08034.

Attachment 3

FORMS FOR OUTCOME ORIENTED NURSING DOCUMENTATION SYSTEM (OONDS)

A3.1. Admission Assessment Forms. You may use these forms as "stand alone" admission notes with overprinted enhancements (such as "Objective, Assessment, Plan") on the back. This modification eliminates the need for a separate admission note on the progress notes.

- AF Form 3241, **Adult Admission Note.**
- AF Form 3244, **Pediatric Admission Note.**
- AF Form 3247, **Neonatal Admission Note.**

A3.2. Patient Plan of Care. You may document updates in the plan of care directly on the patient plan of care form rather than adding a separate note on the progress notes. The registered nurse selects the appropriate plan of care for each individual patient.

- AF Form 3242, **Adult Patient Care Plan.**
- AF Form 3243A, **Adult Patient Care Plan - Additional Problems - A.**
- AF Form 3243B, **Adult Patient Care Plan - Additional Problems - B.**
- AF Form 3243C, **Adult Patient Care Plan - Additional Problems - C.**
- AF Form 3245, **Pediatric Patient Care Plan.**
- AF Form 3246A, **Pediatric Patient Care Plan - Additional Problems - A.**
- AF Form 3246B, **Pediatric Patient Care Plan - Additional Problems - B.**
- AF Form 3246C, **Pediatric Patient Care Plan - Additional Problems - C.**
- AF Form 3246D, **Pediatric Patient Care Plan - Additional Problems - D.**
- AF Form 3246E, **Pediatric Patient Care Plan - Additional Problems - E.**
- AF Form 3248, **Neonatal Patient Care Plan.**
- AF Form 3249A, **Neonatal Patient Care Plan - Additional Problems - A.**
- AF Form 3250, **Obstetric Patient Care Plan.**
- AF Form 3251A, **Obstetric Patient Care Plan - Additional Problems - A.**
- AF Form 3252, **Mental Health Patient Care Plan.**
- AF Form 3253A, **Mental Health Patient Care Plan - Additional Problems - A.**
- AF Form 3254, **_____ Patient Care Plan.**

A3.3. SF Form 509, **Medical Record - Progress Note**. This form has replaced AF Form 3255, **Nursing Progress Note** and SF Form 510, **Clinical Record - Nursing Notes**. Use SF Form 509 to document professional assessment of the patient's progress and current status in chronological order. Time, date, and sign each entry with your name (first initial and last name) and military rank. Sign immediately after the last word of each entry.

A3.4. AF Form 3256, **Patient/Family Teaching Flow Sheet**. Nurses or health care providers use this form in any patient care area requiring a record of patient treatment or documentation of discharge teaching.

A3.5. AF Form 3257, **ADL/Treatment Flow Sheet**.

A3.6. AF Form 3258, **Generic Flow Sheet**.

A3.7. AF Form 3259, **Work Activity Sheet**. Its use is optional. It does not become a part of the permanent record. You may use pencil to complete this form.

A3.8. AF Form 3260, **Discharge/Transport Summary**, summarizes nursing care during hospitalization, patient status at discharge or transfer, and activities, medications, and treatments indicated after discharge. It may replace the nursing discharge note in the progress notes and document patient care given en route during transfers.

Attachment 4

FORMS USED IN PATIENTS' HEALTH RECORDS

NOTE: Refer to AFI 41-210, paragraph 4.34, Inpatient Record and attachment 12, Contents of Inpatient Records.)

A4.1. DD Form 792, **Twenty-Four Hour Patient Intake and Output Worksheet**. You may use equivalent locally approved special care flow sheets or data records in place of this worksheet.

A4.2. DD Form 1924, **Surgical Checklist**. Local overprinting authorized.

A4.3. AF Form 578, **Data Record**. Used as a multipurpose worksheet, may be overprinted.

A4.4. AF Form 1405, **Medicine Card**.

A4.5. AF Form 1864, **Perioperative Assessment and Intraoperative Nursing Care Plan**.

A4.6. AF Form 3066, **Doctor's Orders**. The provider of care (as authorized by the credentials committee) writes orders on and signs AF Form 3066 to transmit orders for patient care and treatment to the nursing staff. A unit clerk or equivalent may transcribe the written orders, and a registered nurse or, if approved by the MTF, a licensed practical nurse must review and sign off on the orders. Only registered nurses may take verbal and telephone orders in unusual circumstances; such orders must then be confirmed in writing and signed within 24 hours.

A4.7. AF Form 3067, **Intravenous Record**. Use this form to profile fluids administered to the patient by vein. You need not record the volume of intravenous (IV) piggyback medications on this form. When the patient is on "intake and output," fluid intake is recorded elsewhere on the permanent medical record.

A4.8. AF Form 3068, **PRN Medication Administration Record,** and AF Form 3069, **Medication Administration Record**. Registered nurses or licensed practical nurses must document patient response and assessment when:

- Any dose of a medication is omitted.
- The patient has an unexpected reaction.
- The patient is given a PRN medication.

A4.9. SF 509, **Medical Record - Progress Note.** All medical disciplines may use this form to chronologically document patient care. Overprints may consolidate nursing problem lists, streamline nursing admission assessments or facilitate documentation of similar nursing process activities.

A4.10. SF 510, **Clinical Record - Nursing Notes**. This form is obsolete. SF Form 509, **Medical Record-Progress Note** replaces it.

A4.11. SF Form 511, **Medical Record-Vital Signs Record**, graphs the vital signs.

A4.12. SF Form 539, **Abbreviated Medical Record**. See AFI 41-210, paragraph 4.34.9.5, for instructions for use. When a patient undergoes the same procedure anywhere in the MTF, the standard of care, including documentation, must be equivalent.

A4.13. AF Form 587, **Nursing Service 24-Hour Report**, reports patient status. Its use is optional. The MTF may use equivalent or similar computer-generated forms.

FORMS FOR WORKLOAD MANAGEMENT SYSTEM FOR NURSING (WMSN)

- AF Form 1592, **Daily Summary sheet (8 or 12-Hour Shift).**
- AF Form 1594, **Patient Classification Inter-Rater Reliability Testing Instrument.**
- AF Form 3863, **WMSN Monthly Report (8 or 12-Hour Shift).**
- DD Form 2251, **WMSN - General Worksheet.**
- DD Form 2252, **WMSN - Psychiatric Worksheet.**

FORMS FOR OUTCOME ORIENTED NURSING DOCUMENTATION SYSTEM (OONDS)

- AF Form 3241, **Adult Admission Note.**
- AF Form 3242, **Adult Patient Care Plan.**
- AF Form 3243A, **Adult Patient Care Plan - Additional Problems - A.**
- AF Form 3243B, **Adult Patient Care Plan - Additional Problems - B.**
- AF Form 3243C, **Adult Patient Care Plan - Additional Problems - C.**
- AF Form 3244, **Pediatric Admission Note.**
- AF Form 3245, **Pediatric Patient Care Plan.**
- AF Form 3246A, **Pediatric Patient Care Plan - Additional Problems - A.**
- AF Form 3246B, **Pediatric Patient Care Plan - Additional Problems - B.**
- AF Form 3246C, **Pediatric Patient Care Plan - Additional Problems - C.**
- AF Form 3246D, **Pediatric Patient Care Plan - Additional Problems - D.**
- AF Form 3246E, **Pediatric Patient Care Plan - Additional Problems - E.**
- AF Form 3247, **Neonatal Admission Note**
- AF Form 3248, **Neonatal Patient Care Plan.**
- AF Form 3249A, **Neonatal Patient Care Plan - Additional Problems - A.**
- AF Form 3250, **Obstetric Patient Care Plan.**
- AF Form 3251A, **Obstetric Patient Care Plan - Additional Problems - A.**
- AF Form 3252, **Mental Health Patient Care Plan.**
- AF Form 3253A, **Mental Health Patient Care Plan - Additional Problems - A.**
- AF Form 3254, **_____ Patient Care Plan.**
- AF Form 3256, **Patient/Family Teaching Flow Sheet.**
- AF Form 3257, **ADL/Treatment Flow Sheet.**
- AF Form 3258, **Generic Flow Sheet.**
- AF Form 3259, **Work Activity Sheet.**

- AF Form 3260, **Discharge/Transport Summary.**